

063 St Marys Hospital Medical Center
707 S Mills St
Madison, WI 53715
608-251-6100

Hospital Type: GMS
County: Dane
Analysis Area: 1-Southern
Inpatient Volume Group: 6

Overall Hospital Utilization

Total Discharges:	23,205	Average Length of Stay (days):	4.0
Total Patient Days:	93,742	Average Charge per Discharge:	\$12,134

Obstetrical Utilization

Normal Childbirths:	2,138	Percent of All Childbirths:	64.6%
Cesarean Childbirths:	749	Percent of All Childbirths:	22.6%
Other Childbirths:	424	Percent of All Childbirths:	12.8%
Total Childbirths:	3,311		
Total Newborns:	3,375		

Psychiatric Utilization

Discharges:	632	Percent of All Discharges:	2.7%
Patient Days:	5,636	Percent of All Patient Days:	6.0%

AODA Utilization

Discharges:	123	Percent of All Discharges:	0.5%
Patient Days:	623	Percent of All Patient Days:	0.7%

Patient Discharge Status

<u>Discharge Status</u>	<u>% Discharges</u>
Home or Self-Care	79.5%
Other GMS Hospital	0.4%
Skilled Nursing Facility	7.7%
Intermediate Care Facility	0.2%
Inpatient Rehabilitation Facility	0.0%
Hospice	0.8%
Other Institution	1.5%
Home Health/Home IV Provider	7.9%
Left Against Medical Advice	0.3%
Expired	1.6%
Other	0.0%

Expected Pay Source Distribution

<u>Primary Payer</u>	<u>% Discharges</u>
Medicare	32.5%
Medicaid/BadgerCare	10.4%
Other Government	0.9%
Commercial or Private Insurance	53.4%
Self-Pay	2.8%
Other or Unknown Insurance	0.0%

Age Distribution

<u>Age Group</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Newborn	14.5%	14.0%
Under 15	3.9%	3.1%
15 - 19	2.0%	1.3%
20 - 24	4.4%	3.5%
25 - 34	12.9%	9.6%
35 - 44	10.1%	8.4%
45 - 54	10.5%	15.4%
55 - 64	11.2%	11.9%
65 - 74	12.3%	15.5%
75 - 84	12.7%	16.5%
85 & Over	5.6%	6.6%

Sex Distribution

<u>Sex</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Male	40.6%	44.6%
Female	59.5%	56.4%

Race Distribution

<u>Race</u>	<u>% Discharges</u>	<u>% Patient Days</u>
Native American	0.3%	0.4%
Asian/Pacific Isl.	1.9%	1.5%
Black	3.9%	3.5%
White	90.3%	92.7%
Other	3.1%	2.6%
Unknown	0.7%	0.6%

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DRG Specific Data - Average Length of Stay (ALOS)

DRG # and Description	This Facility		Group Averages					
	Discharges	ALOS	Analysis Area		Inpatient Volume Group		All GMS Hospitals	
			ALOS	Ratio	ALOS	Ratio	ALOS	Ratio
088 Chronic Obstructive Pulmonary Disease	167	5.2	4.4	1.19	4.4	1.19	4.2	1.25
089 Simple Pneumonia & Pleurisy Age >17 w CC	320	5.3	4.7	1.12	5.1	1.03	4.8	1.10
127 Heart Failure & Shock	363	4.9	4.5	1.09	4.8	1.02	4.4	1.12
143 Chest Pain	347	1.4	1.4	0.99	1.6	0.87	1.5	0.92
182 G.I. Disorders Age >17 w CC	240	3.9	3.4	1.14	3.8	1.02	3.6	1.08
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	930	3.4	4.0	0.85	4.2	0.81	4.2	0.81
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	338	1.6	1.8	0.86	2.0	0.78	2.0	0.78
371 Cesarean Section w/o CC	586	4.0	3.6	1.11	4.0	1.00	3.7	1.08
372 Vaginal Delivery w Complicating Diagnosis	406	3.0	2.6	1.15	2.9	1.03	2.7	1.10
373 Vaginal Delivery w/o Complicating Diagnosis	2138	2.2	2.0	1.11	2.1	1.06	2.1	1.06
390 Neonate w Other Significant Problems	342	2.7	2.4	1.13	2.6	1.05	2.5	1.09
391 Normal Newborn	2614	2.1	2.0	1.04	2.1	0.99	2.0	1.04
430 Psychoses	463	10.4	7.1	1.46	6.9	1.50	6.3	1.65
462 Rehabilitation	2	*	13.4	*	10.6	*	10.8	*
517 Percutaneous Cardio Procedure w Stent w/o AMI	300	1.7	1.9	0.91	2.0	0.86	2.0	0.86

DRG Specific Data - Average Charge per Discharge (Actual & Risk-Adjusted^)

DRG # and Description	This Facility		Risk Adjusted Group Averages					
	Average Charge	Risk Adjusted Average Charge	Analysis Area		Inpatient Volume Group		All GMS Hospitals	
		Charge	Charge	Average Charge	Ratio	Average Charge	Ratio	Average Charge
088 Chronic Obstructive Pulmonary Disease	\$10,865	\$8,538	\$8,847	0.97	\$9,399	0.91	\$8,935	0.96
089 Simple Pneumonia & Pleurisy Age >17 w CC	\$10,878	\$9,684	\$10,155	0.95	\$11,362	0.85	\$10,412	0.93
127 Heart Failure & Shock	\$11,082	\$9,323	\$10,128	0.92	\$11,521	0.81	\$10,503	0.89
143 Chest Pain	\$4,972	\$4,508	\$5,189	0.87	\$6,757	0.67	\$6,214	0.73
182 G.I. Disorders Age >17 w CC	\$8,676	\$7,727	\$7,884	0.98	\$9,365	0.83	\$8,548	0.90
209 Maj Joint/Limb Reattachment Procs-Lower Extremity	\$18,190	\$17,590	\$23,734	0.74	\$25,729	0.68	\$25,023	0.70
359 Uterine/Adnexa Proc for Non-Malignancy w/o CC	\$5,801	\$5,632	\$9,479	0.59	\$10,656	0.53	\$10,344	0.54
371 Cesarean Section w/o CC	\$7,413	\$7,115	\$8,886	0.80	\$9,525	0.75	\$8,934	0.80
372 Vaginal Delivery w Complicating Diagnosis	\$5,269	\$5,051	\$5,540	0.91	\$7,176	0.70	\$6,254	0.81
373 Vaginal Delivery w/o Complicating Diagnosis	\$3,738	\$3,632	\$4,080	0.89	\$4,879	0.74	\$4,407	0.82
390 Neonate w Other Significant Problems	\$2,877	\$2,464	\$2,211	1.11	\$2,726	0.90	\$2,468	1.00
391 Normal Newborn	\$1,202	\$1,242	\$1,357	0.91	\$1,567	0.79	\$1,476	0.84
430 Psychoses	\$11,049	#	#		#		#	
462 Rehabilitation	*	*	\$18,499	*	\$17,355	*	\$16,900	*
517 Percutaneous Cardio Procedure w Stent w/o AMI	\$20,158	\$21,032	\$22,089	0.95	\$27,459	0.77	\$27,329	0.77

N/A - Zero Discharges reported for DRG

* - 1 through 4 Discharges reported for DRG

^ Risk-Adjusted Charges calculated using Medstat Disease Staging Software® Version 5.21.3 licensed through Thomson Medstat, Inc.

Risk-Adjusted Charges not calculated for DRGs related to Mental Diseases/Disorders and/or Alcohol/Drug Use/Abuse/Dependence.